

2010 DATA REPORTING INSTRUCTIONS

The Department of Workers' Claims (DWC) is requiring loss data for the 2010 simulated premium and surety to be submitted electronically in an **Excel spreadsheet** by **February 15, 2010**. Below is a detailed explanation as to how this process will work:

DATA REQUIRED

1) Loss Reports:

A: Surety Loss Report

This loss report shall contain **ALL** (open and closed) losses that occurred during the self-insurance period (**valued as of 12/31/09**) including claims with last date of exposure for occupational diseases and retraining incentive benefits (RIB). For claims that do not have any reserves, we are requiring the paid to date amounts for indemnity, medical, and rehab. Also, DWC requires indemnity, medical, and vocational rehabilitation amounts paid for calendar year 2009 to be included on this loss report. **The total incurred value of the claim (including the amount paid and to be paid by the excess carrier) must be reported, regardless of the self-insurance retention (SIR) limit; this includes both paid and reserve totals. It is also important that the SIR be reported for EACH injury.**

B: Premium Loss Report

A separate loss report will also need to be included for simulated premium calculation purposes. This loss report shall include all losses for the years 2005, 2006, and 2007 for each entity included in the self-insurance program **valued as of 12/31/09**. If at any time during the year a new entity is added, a new loss report, a new Simulated Premium Calculation, as well as a new Guarantee Agreement must be submitted to include the new entity.

The loss reports shall include lost time as well as no lost time injuries. **The valuation date shall be 12/31/09. This report shall also include the total incurred value of the claim, regardless of the SIR limit for both paid and reserve totals (including those from the excess carrier).** The loss reports must be submitted by February 15, 2010.

The format for both loss reports will include the following information:

- Social Security Number of employee
- Last name of injured employee
- First name of injured employee
- Date of injury or last exposure for an occupational disease or RIB in MM/DD/YYYY format
- NCCI body part code
- Indicator that claim is closed (C), has exceeded SIR (E), pending litigation (L), or reserve is discounted (D)
- DWC claim number
- Indemnity payments paid to date as of 12/31/09
- Medical payments including Medical Rehabilitation paid to date as of 12/31/09
- Vocational Rehabilitation payments paid to date as of 12/31/09
- Indemnity Reserve-Remaining amount projected to be paid for the life of the claim as of 12/31/09
- Medical and Medical Rehab Reserve-Remaining amount projected to be paid for the life of the claim as of 12/31/09
- Vocational Rehab Reserve-Remaining amount projected to be paid for the life of the claim as of 12/31/09
- Self-Insured Retention (SIR) for each claim
- Indemnity payments paid from 1/1/09 to 12/31/09
- Medical payments including Medical Rehabilitation paid from 1/1/09 to 12/31/09
- Vocational Rehabilitation payments paid from 1/1/09 to 12/31/09

The loss reports shall include yearly totals for all dollar amount figures.

Enclosed is an example (Enclosure A) of this report. However, we recommend exercising the option of downloading the file from our web site at the following address:

<http://www.labor.ky.gov/workersclaims/coveragecompliance/individualselfinsurance/>

(this file contains headings and allows the user to enter required data). There are two versions of this file on the site. The file entitled "Loss Report" may be used to assist the preparer in assuring that the minimum indemnity reserves are adequate. **It is imperative that the loss data be reported in this format. The date of injury must be in column D and must be in MM/DD/YYYY format.** Other requirements are as follows:

Column H: Indemnity Paid to Date
Column I: Medical Paid to Date
Column J: Vocational Rehab Paid to Date
Column K: Indemnity Reserve
Column L: Medical Reserve
Column M: Vocational Rehab Reserve
Column N: Leave Blank
Column O: SIR

All dollar amounts must be in dollar amount format; numbers formatted as text or abbreviations must not be used, i.e. use \$1,000,000 instead of "1 mill."

Any deviation from this format may result in your loss report being returned for correction.

A closed claim, "C", is a claim that no future indemnity or medical payments are expected. An "E" in the indicator column indicates that a claim has exceeded SIR. **ANY AND ALL amounts paid or expected to be paid on a claim, even by the excess carrier shall be included on all loss reports.** An "L" in the indicator column indicates that a claim is in litigation and minimum reserve amounts, based on body part, are required. A "D" in the indicator column indicates that the indemnity reserve has been discounted. **The interest discount rate is 3.5%. Discounting only applies to the premium loss report; indemnity reserves reported on the surety loss report shall not be discounted.** Open claims do not require anything in the indicator column. The DWC claim number is the claim number assigned by the Department of Workers' Claims.

Loss Report Instructions for Enclosure A:

In cell A2, edit the cell to allow you to type your company name one space beyond the colon. In cell A3, edit the cell to allow you to type the calendar year(s) one space beyond the colon. Now, starting in cell A6, begin entering the data required by the headings. Enter as many rows of data as you have to enter. **All losses must be contained in one worksheet.** When you are finished entering all of the data, save the workbook, and then complete the simulated premium calculation report. **Please make sure there are no negative amounts entered in the loss report.**

2) Simulated premium calculation report:

Enclosed are detailed instructions (Enclosure B) on how to create the simulated premium calculation report. This spreadsheet will calculate the 2010 simulated premium by entering yearly loss totals and payroll amounts in the proper cells. Again, the recommended method is to download the file from our web site. If you download this file, you will only need to enter yearly loss and reserve totals and payroll amounts in the proper cells. **Yearly loss and reserve totals shall reconcile with totals on the submitted premium loss report for years 2005, 2006 and 2007.** Gross payroll figures for 2005, 2006 and 2007 (the base years) shall be the gross payroll figures reported to the Office of Employment & Training, Department for Workforce Investment, Education Cabinet via the "Online UI-3 Tax and Wage Report" (UI-3). The current payroll shall be the calendar year 2009 gross payroll figure as reported via UI-3. A separate sheet shall be returned showing all entities and a year-end payroll amount for each entity for the year 2009 broken down by quarter (Enclosure E). **Any discrepancies between the amounts reported via the UI-3 and the simulated premium shall be explained in writing.**

Please make note of the following requirements. The person who would be able to address questions about the submitted amounts shall be the person listed on the top of the calculation sheet along with that individual's phone number. The company name shall be the name of the self-insured. Please ensure all Federal Identification Numbers (FINs) for **all** entities for which payroll figures are submitted are reported on the top of the calculation sheet. If there is not adequate room for reporting all the FINs, please submit an additional page listing all numbers.

We are requiring that the loss reports, the simulated premium calculation report, and Enclosure E (payroll) be submitted no later than **February 15, 2010**. These files shall be submitted to the Department of Workers' Claims via e-mail at: KYWC.SELFINSURANCE@ky.gov

RESERVE GUIDELINES

Indemnity Reserves: Per KRS 342.0011(28) indemnity reserve values for claims for which awards have been made or settlements reached because of findings of permanent partial or permanent total disability shall be calculated using the life expectancy based on the mortality tables referenced in 803 KAR 25:036 (Enclosure C).

For claims in litigation status on 12/31/09, a minimum amount of indemnity reserve must be applied based on the type of injury. Enclosed is a chart (Enclosure D) listing these minimum amounts. The amounts are based on the NCCI body part code that is reported on the first report of injury or the nature of injury code for an occupational disease, RIB, carpal tunnel or hernia. The aforementioned reserves cannot fall below the minimum amounts listed, and in some cases may be higher depending on the reserve established by the company or the TPA.

Again, accessing the file entitled, "Loss Report" from the web site will assist in assuring that these minimums are met. This loss report file contains two additional columns that are linked to a table containing the DWC minimum indemnity reserves for claims in litigation as of 12/31/09. If an "L" is placed in the appropriate column the file will automatically put the DWC minimum reserves amount in "column P" and the difference between the company's established reserve and minimum in "column Q".

A formula is entered on the first row of "column P" and will need to be copied down each row for all rows that contain loss data. If for some reason this formula is deleted you can retype the following: `=IF(F5="L", (VLOOKUP(E5, table, 3, FALSE)), K5)`. This formula assumes that the first row of loss data will be entered on row #5. Once this formula is entered in cell P5, it will need to be copied down the column for all rows containing loss data. The formula in "column Q" simply subtracts the minimum reserve amount from the company-reported amount. That formula is `=K5-P5`. **If a negative number is the result in "column Q", the reserve will need to be adjusted.**

The web site now contains a list of the NCCI body part codes along with definitions of each code. It is located under "EDI" at the following address:

<http://www.labor.ky.gov/workersclaims/publications/>

Medical reserves: (Shall be projected for the life of the claim)

ALL claims that have an indemnity reserve as of 12/31/09 will also have a minimum medical reserve amount. To establish these minimum medical reserves, a percentage is applied to the indemnity reserve amount based on the occurrence year.

The minimum amounts are:

Occurrence Year	Percentage of Indemnity Reserve
2009	50%
2008	50%
2007	50%
2006	25%
2005	25%
Prior to 2005	10%

The minimum medical reserve for occupational diseases is 10% of the indemnity reserve for all years. There is no medical reserve on RIB or death. **If a medical reserve established by the company or the TPA is greater than these minimums, the higher amount shall be reported.** Claims with no indemnity reserve amount on 12/31/09 shall have the medical reserve amount established by the company or the TPA. In no case shall the minimum medical reserve be greater than \$100,000 when using the above percentages. If the company or TPA uses another method to estimate future medical reserves and that amount is greater than \$100,000, then the higher amount shall be used.

Please note that per 803 KAR 25:021 Sec. 8 (3) (c) an individual self-insured employer shall file loss data which shall include a certification that the medical reserves are calculated and projected for the life of the claim pursuant to KRS 342.0011 (28) (a). A copy of the required certification is included with these instructions. Please mail the original Certification form to the attention of Jennifer Cooper prior to the February 15, 2010 deadline. This certification must be signed by an Owner, Partner, Officer or individual who has been given the authority to represent the Company.

*Note: If the individual signing the Certification of Submitted Loss Data form is not the president or secretary of the corporation, a notarized copy of the power of attorney or the resolution of the board of directors, which grants the individual the legal authority to represent the company should accompany the certification form. (This does not apply to a single proprietorship or partnership.)

This information shall be submitted no later than **February 15, 2010**. Failure to submit this by the **February 15, 2010** deadline could result in revocation of the self-insurance certificate. Please be aware that these figures will be subject to audits by the Department of Workers' Claims and the KY Workers' Compensation Funding Commission. Please be advised that both the indemnity and medical minimum reserve amounts are not intended to replace higher more appropriately determined company reserves. **If it is discovered that a company did not submit adequate reserves reflecting what is expected to be paid for the life of the claim it is possible that we will use the results of the last reserve review conducted on your claim files and adjust all reserves based on those findings.**

Loss Experience Report for Calendar Year(s): _____

[illegible]

[illegible]

2010 Simulated Premium Calculation Report Instructions

Enter cell by cell per the following instructions:

- D1 Name of person completing the form (This is Very Important)**
D2 Phone number of person completing the form (This is also Very Important)
D3 Name of self-insured company
D4 Federal employers' ID numbers – LIST ALL SELF-INSURED COMPANIES REGISTERED IN KENTUCKY
D9 Amount of indemnity paid as of 12/31/2009 for all injuries that occurred in 2005.
D10 Amount of medical payments paid as of 12/31/2009 for all injuries that occurred in 2005.
D11 Amount of vocational rehab payments paid as of 12/31/2009 for all injuries that occurred in 2005.
D12 Amount of indemnity reserves as of 12/31/2009 for all injuries that occurred in 2005.
D13 Amount of medical reserves as of 12/31/2009 for all injuries that occurred in 2005.
D14 Amount of vocational rehab reserves as of 12/31/2009 for all injuries that occurred in 2005.
D18 Amount of indemnity paid as of 12/31/2009 for all injuries that occurred in 2006.
D19 Amount of medical payments paid as of 12/31/2009 for all injuries that occurred in 2006.
D20 Amount of vocational rehab payments paid as of 12/31/2009 for all injuries that occurred in 2006.
D21 Amount of indemnity reserves as of 12/31/2009 for all injuries that occurred in 2006.
D22 Amount of medical reserves as of 12/31/2009 for all injuries that occurred in 2006.
D23 Amount of vocational rehab reserves as of 12/31/2009 for all injuries that occurred in 2006.
D27 Amount of indemnity paid as of 12/31/2009 for all injuries that occurred in 2007.
D28 Amount of medical payments paid as of 12/31/2009 for all injuries that occurred in 2007.
D29 Amount of vocational rehab payments paid as of 12/31/2009 for all injuries that occurred in 2007.
D30 Amount of indemnity reserves as of 12/31/2009 for all injuries that occurred in 2007.
D31 Amount of medical reserves as of 12/31/2009 for all injuries that occurred in 2007.
D32 Amount of vocational rehab reserves as of 12/31/2009 for all injuries that occurred in 2007.
D39 Amount of payroll reported to the Office of Employment and Training, Department for Workforce Investment, Education Cabinet for the calendar year 2005 for all entities currently included in the self-insurance program.
D40 Amount of payroll reported to the Office of Employment and Training, Department for Workforce Investment, Education Cabinet for the calendar year 2006 for all entities currently included in the self-insurance program.
D41 Amount of payroll reported to the Office of Employment and Training, Department for Workforce Investment, Education Cabinet for the calendar year 2007 for all entities currently included in the self-insurance program.
D49 Amount of payroll reported to the Office of Employment and Training, Department for Workforce Investment, Education Cabinet for the calendar year 2009 for all entities currently included in the self-insurance program.
H54 2010 SIMULATED PREMIUM CALCULATION:
WHICHEVER IS THE HIGHEST BETWEEN CELLS H51 AND H52 WILL BE THE COMPANY'S PREMIUM AMOUNT FOR 2010.

When you have completed all reports, after saving them for your benefit, attach them to an email note and send to this address:

kywc.selfinsurance@ky.gov

Thank you for your cooperation. Be sure to keep these forms and this email address, as you will need them next year as well.

Person Completing:
 Phone Number:
 Company Name:
 Fed Emp #:

Claims			Factor	
2005				
	Indemnity Paid:	\$0	1.17	\$0
	Medical Paid:	\$0	1.00	\$0
	Vocational Rehab Paid:	\$0	1.00	\$0
	Indemnity Reserve:	\$0	1.17	\$0
	Medical Reserve:	\$0	1.00	\$0
	Vocational Rehab Reserve:	\$0	1.00	\$0
Total 2005				\$0
2006				
	Indemnity Paid:	\$0	1.13	\$0
	Medical Paid:	\$0	1.00	\$0
	Vocational Rehab Paid:	\$0	1.00	\$0
	Indemnity Reserve:	\$0	1.13	\$0
	Medical Reserve:	\$0	1.00	\$0
	Vocational Rehab Reserve:	\$0	1.00	\$0
Total 2006				\$0
2007				
	Indemnity Paid:	\$0	1.10	\$0
	Medical Paid:	\$0	1.00	\$0
	Vocational Rehab Paid:	\$0	1.00	\$0
	Indemnity Reserve:	\$0	1.10	\$0
	Medical Reserve:	\$0	1.00	\$0
	Vocational Rehab Reserve:	\$0	1.00	\$0
Total 2007				\$0
Total Claims:				<u>\$0</u>
Payrolls				
	2005	\$0	1.17	\$0
	2006	\$0	1.13	\$0
	2007	\$0	1.10	<u>\$0</u>
Total Payroll:				\$0
Total claims to total payroll ratio:			#DIV/0!	
Ratio X 1.25:			#DIV/0!	
Current (2009) Payroll:		\$0		
SIMULATED PREMIUM				#DIV/0!
MINIMUM PREMIUM				\$0
2010 SIMULATED PREMIUM				#DIV/0!

Enclosure C

803 KAR 25:036. Computation of life expectancies for purposes including apportionment and attorney's fees.

Section 3. Other Computations.

If calculation of a life expectancy is necessary for another purpose, including computation of an assessment or reserve for a self-insured employer, the male or female mortality tables in Appendix A shall be utilized.

APPENDIX A

AGES	BOTH SEXES	MALES	FEMALES	AGES	BOTH SEXES	MALES	FEMALES
0	75.8	72.3	79.1	51	28.5	25.9	30.7
1	75.4	72.0	78.7	52	27.6	25.1	29.8
2	74.5	71.1	77.8	53	26.8	24.3	29.0
3	73.5	70.1	76.8	54	25.9	23.5	28.1
4	72.5	69.1	75.8	55	25.1	22.7	27.2
5	71.6	68.1	74.8	56	24.3	21.9	26.4
6	70.6	67.2	73.9	57	23.5	21.1	25.5
7	69.6	66.2	72.9	58	22.7	20.4	24.7
8	68.6	65.2	71.9	59	21.9	19.6	23.9
9	67.6	64.2	70.9	60	21.1	18.9	23.1
10	66.6	63.2	69.9	61	20.4	18.2	22.3
11	65.6	62.2	68.9	62	19.7	17.5	21.5
12	64.6	61.2	67.9	63	18.9	16.8	20.7
13	63.7	60.3	66.9	64	18.2	16.1	19.9
14	62.7	59.3	65.9	65	17.5	15.4	19.2
15	61.7	58.3	65.0	66	16.8	14.8	18.4
16	60.7	57.4	64.0	67	16.1	14.2	17.7
17	59.8	56.4	63.0	68	15.5	13.6	16.9
18	58.8	55.5	62.0	69	14.8	12.9	16.2
19	57.9	54.6	61.1	70	14.2	12.4	15.5
20	56.9	53.7	60.1	71	13.5	11.8	14.8
21	56.0	52.7	59.1	72	12.9	11.2	14.1
22	55.1	51.8	58.2	73	12.3	10.7	13.5
23	54.1	50.9	57.2	74	11.7	10.1	12.8
24	53.2	50.0	56.2	75	11.2	9.6	12.2
25	52.2	49.1	55.2	76	10.6	9.1	11.6
26	51.3	48.2	54.3	77	10.0	8.6	10.9
27	50.4	47.2	53.3	78	9.5	8.1	10.3
28	49.4	46.3	52.3	79	9.0	7.7	9.7
29	48.5	45.4	51.4	80	8.5	7.2	9.2
30	47.5	44.5	50.4	81	8.0	6.8	8.6
31	46.6	43.6	49.4	82	7.5	6.4	8.1
32	45.7	42.7	48.5	83	7.1	6.0	7.6
33	44.7	41.8	47.5	84	6.6	5.6	7.1
34	43.8	40.9	46.6	85	6.2	5.3	6.6
35	42.9	40.0	45.6				
36	42.0	39.1	44.7				
37	41.0	38.2	43.7				
38	40.1	37.3	42.8				
39	39.2	36.4	41.8				
40	38.3	35.5	40.9				
41	37.4	34.6	39.9				
42	36.5	33.7	39.0				
43	35.6	32.8	38.0				
44	34.7	32.0	37.1				
45	33.8	31.1	36.2				
46	32.9	30.2	35.3				
47	32.0	29.4	34.3				
48	31.1	28.5	33.4				
49	30.2	27.6	32.5				
50	29.3	26.8	31.6				

MINIMUM RESERVES

NCCI BODY PART CODE	PART OF BODY	MINIMUM INDEMNITY RESERVES
10	MULTIPLE HEAD INJURIES	\$29,000
11	SKULL	\$37,000
12	BRAIN	\$29,000
13	EAR (HEARING LOSS)	\$5,000
14	EYES	\$24,000
15	NOSE	\$11,000
16	TEETH	\$5,000
17	MOUTH	\$14,000
19	FACE	\$21,000
20	MULTIPLE NECK	\$15,000
21	NECK VERTEBRAE	\$23,000
22	NECK DISC	\$23,000
25	NECK SOFT TISSUE	\$9,000
26	TRACHEA	\$18,000
30	MULTI UPPER EXTREMITIES	\$15,000
31	UPPER ARM	\$9,000
32	ELBOW	\$9,000
33	LOWER ARM	\$9,000
34	WRIST	\$10,000
35	HAND	\$9,000
36	FINGER	\$5,000
37	THUMB	\$5,000
38	SHOULDER	\$5,000
40	MULTI TRUNK	\$15,000
41	UPPER BACK	\$25,000
42	LOWER BACK	\$9,000
43	DISC (TRUNK)	\$17,000
44	CHEST	\$25,000
45	SACRUM & COCCYX	\$6,000
46	PELVIS	\$17,000
49	HEART	\$35,000
50	MULTI LOWER EXTREMITIES	\$15,000
51	HIP	\$45,000
52	UPPER LEG	\$24,000
53	KNEE	\$7,000
54	LOWER LEG	\$24,000
55	ANKLE	\$11,000
56	FOOT	\$11,000
57	TOES	\$11,000
58	GREAT TOE	\$11,000
61	ABDOMEN (Including groin)	\$14,000
62	BUTTOCKS	\$15,000
NATURE CODE		
34	HERNIA	\$14,000
60	DUST DISEASE	RIB or OD RATE *
61	ASBESTOSIS	RIB or OD RATE *
62	BLACK LUNG	RIB or OD RATE *
78	CARPAL TUNNEL	\$10,000
90	MULTI PHYSICAL INJURIES	\$15,000
91	MULTI INJURY	\$15,000

*** RIB RATES PER WEEK**

YEAR	AMOUNT
2009	\$520.72
2008	\$502.51
2007	\$484.85
2006	\$473.42
2005	\$455.42
2004	\$441.32
2003	\$428.57
2002	\$413.00
2001	\$397.55
2000	\$381.77
1999	\$365.40
1998	\$349.02

ENCLOSURE E

Record quarter by quarter payroll amounts as reported to Workforce Investment via the 'Online UI-3 Tax and Wage Report' for each company covered by self insurance privilege for the year 2009.

Any discrepancies between the amounts reported via UI-3 and the simulated premium shall be explained in writing.

Complete this enclosure and return via email to kywc.selfinsurance@ky.gov no later than February 15, 2010

List each self insured subsidiary separately. Attach additional sheets as needed.

	EXAMPLE:	1	2	3
NAME	XYZ COMPANY			
FEIN	61-987-1234			
KEIN	00-123456			
4TH QTR	\$ 250,000.00			
3RD QTR	\$ 246,250.00			
2ND QTR	\$ 265,489.00			
1ST QTR	\$ 354,987.00			
TOTAL 2009	\$ 1,116,726.00			

	4	5	6	7
NAME				
FEIN				
KEIN				
4TH QTR				
3RD QTR				
2ND QTR				
1ST QTR				
TOTAL 2009				

Certification of Submitted Loss Data

In connection with the data submitted for the calculation of this year's Simulated

Premium and Surety for _____,
(Company name)

I do hereby certify that:

1. The loss reports submitted contain ALL losses that occurred during the period specified for each report, including claims with last date of exposure for occupational diseases and retraining incentive benefits.
2. The claim values (pursuant to KRS 342.0011 (28)(a)) submitted contain:
 - a. the total of the indemnity benefits paid to date as of 12/31/09 and **projected to be paid for the life of the claim;**
 - b. the medical and medical rehabilitation benefits paid to date as of 12/31/09 and **projected to be paid for the life of the claim;**
 - c. the cost of vocational rehabilitation paid to date as of 12/31/09 and **projected to be paid for the life of the claim.**

The undersigned, being duly sworn, also states that I have reviewed the information and am satisfied that the information submitted is a true, accurate and complete representation for

(Employer)

Signature of Officer, Owner or Partner

Title

Print

Date

Subscribed and sworn before me by _____.

This the _____ day of _____, 20_____.

Notary Public: _____ My commission expires: _____

Commission State at Large: _____ OR County (list county): _____

***Note: If the individual signing this is not the president or secretary of the corporation, attach a notarized copy of the power of attorney or the resolution of the board of directors, which grants the individual the legal authority to represent the company. (This does not apply to a single proprietorship or partnership.)**